

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	21/01/2019 16:04
Date Of Accident	04/12/2017 14:30
Exact Location Of Accident	JALAN RIANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ1337X
Insured/Policyholder	
Name Of Registered Owner	SURENDREN S/O VIJAYA LUXMIE
NRIC No	S7921087J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90233164
Alternative Phone No	OTHERS-90233164

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P1839638
Cover Note Number	20/09/2016 - 09/01/2018

Driver

Name of Driver	SURENDREN S/O VIJAYA LUXMIE
NRIC No	S7921087J
Date Of Birth	02/07/1979
Occupation	INDOOR
Date Of Driving Pass	11/01/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90233164
Fax Number	
Contact Number	OTHERS-90233164
Email Address	NOEMAIL

Address	BLK 130A CANBERRA CRESCENT #03-427
Postcode	751130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS3063T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

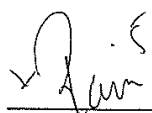
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

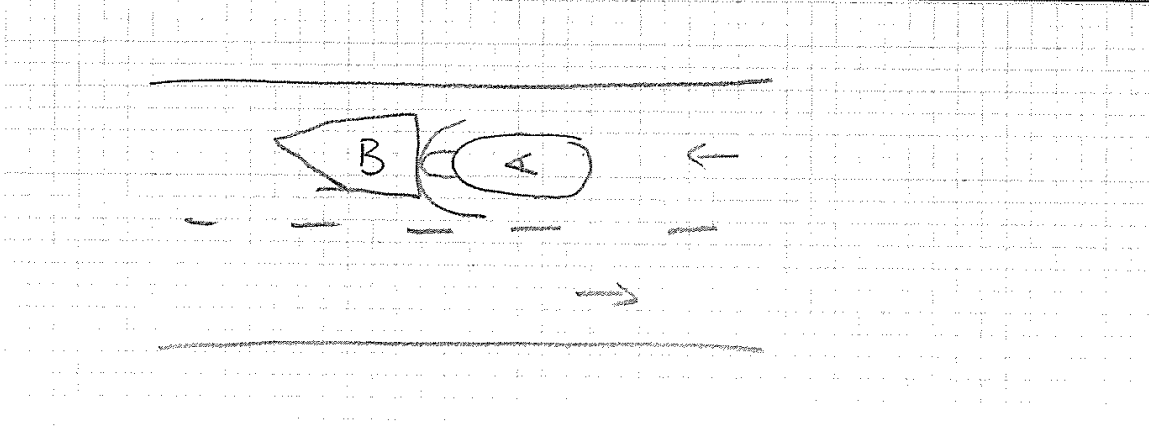


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Date of Accident: 04/12/2017 Time: 14.30 pm Location: JALAN RIANG
 My Vehicle A : PGJ1337X Vehicle B : SKS 30631 Vehicle C/Others : —



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/12/2017, I was riding at Jalan Riang when at 40 km and suddenly vehicle car SKS30631 applied brake due to the construction idmt and he gave way to cars passing by. I did not notice that and hit the rear of his car. I was not injured and the driver also not injured out of the accident.

() Claim OD/TP at Ah Lim Motor () Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to:

My workshop :

email address :

& myself :

email address :

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25, PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

13 DEC 2018

2nd Reminder

SURENDREN S/O VIJAYA LUXMIE
BLK 576 WOODLANDS DR 16
#03-520
SINGAPORE 730576

Dear Madam,

OUR REF : CC4/AXA17023441/Upa3
YOUR REF : FBJ 1337X
ACCIDENT INVOLVING FBJ 1337X & SKS 3063T ALONG/AT JALAN RIANG ON 04/12/2017

We refer to our letters of 26 June 2018 and 1st reminder letter dated 04 Dec 2018 requesting for your reporting of the above accident.

We have checked our records and we are unable to trace your reporting of the accident to our office. For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of AXA Premium Workshops. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our Premium Workshops conveniently located throughout Singapore. **Please report the accident within the next 07 days, i.e by 21 Dec 2018.**

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our Premium Workshops or reporting centres (if applicable) with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

Please take note that we shall inform the Traffic Police of the non-reporting if we do not hear from you then.

Furthermore, the owner of vehicle SKS 3063T has submitted a claim against you and we are unable to revert on their claim as a result of your non-reporting of the above accident. If we fail to hear from you by 21 Dec 2018, we shall assume that indemnification under the Policy is not sought, and we shall refer the third party claim to you for direct handling.

If you need any clarification, please do not hesitate to contact us at 6742 3197 at our operating hours 9:00am to 5:30pm or chewht@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours faithfully


Chew Hsiao Tong (Ms)
Case Handler
DID: 6742 3197
Email: chewht@lkkauto.com

This is a computer generated letter and no signature is required.

Cc AXA Insurance Pte Ltd
(Motor Claims Dept)

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7921087J




Name
SURENDREN S/O VIJAYA
LUXMIE
சுரேந்திரன்
Race
INDIAN
Date of birth 02-07-1979 Sex M
Country of birth SINGAPORE

4213988

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7921087J
Name: SURENDREN S/O VIJAYA LUXMIE
Birth Date: 02 Jul 1979
Issue Date: 06 May 2008




001598997K


A0232164

DLC
No injury.
No idea.
Fax.

4213988



NRIC No. S7921087J



Date of Issue
05-05-2008

APT BLK 130A CANBERRA CRESCENT #03-427
SINGAPORE 751130
NRIC No: S7921087J Date: 09/01/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	02 Mar 2000
Class 2A	Motorcycles between 201 cc and 400 cc	21 May 2002
Class 2	Motorcycles > 400 cc	10 Oct 2006
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	11 Jan 2008

NP 428A

License No. S7921087J

Accident Photo



Accident Photo



Accident Photo



Accident Photo

